Registrar.

If so, specify (Signed)

(Address)

200

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FUR	ER STATEMENTS BY PHYSICIAN
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Example II	-
ause of death and related causes were as follows:	Date of onset
	1 weck ago
car	1 week ago
	3 days ago
ory causes of importance:	
	1 year
,	tory causes of importance:

B

STATE OF MARYLAND	CERTIFICATE OF DEATH 10135
1. PLACE OF DEATH	(37-0)
County Old	Registration Dist. No.
Village or City Mar Marth Ocut	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Ruth I Culley	
(a) Residence: No. / Louth East Md (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX J. 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH / 0 22 193 34
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. B - 1 HEREBY CERTIFY. That I attended decessed from
6. DATE OF BIRTH (month, day, and year) Man L 14 1934	I last saw h leve on and 1, 19.8 %; death is said
7. AGE Years Months Days tf LESS than	to have occurred on the date stated above, at
7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
2 Trade profession or particular	Hydro elfales, Date of onset
kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc.	& Blina Bilida
9. Industry or business in which work was done, as SiLK MILL,	
kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month end year) 11. Total time (years) spant in this occupation	
Ca K-+ m	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Walter Culley	
13. NAME Walter Culley 14. BIRTHPLACE (city or town) Maryland	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME (Lavered M. alexander	23. If death was due to external causes (ViOLENCE) fill In also the following:
15. MAIDEN NAME (Laving) M. alexander 16. BIRTHPLACE (city or town) Mary Complex (State or country)	Accident, suicide, or homicide? Date of Injury, 19
∑ (State or country)	Where did injury occur?
17. INFORMANT Mes Walter Culley (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place 11.7, 11.7. Cem. Dete (Ct 23, 19 3)	Nature of Injury
19. UNDERTAKER OSEPH R. Grant (Address) Marth R. A. Mandal	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 10-28, 1984 Les les Outres	(Signed) Clary M. D.
Registrar.	(Address)

CTATE OF MADY AND CEDTICICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

		STATE OF MARYLAND—	CERTIFICATE OF DEATH	eun
1	1	L. PLACE OF EATH	92.00 10126 0/	,
		County County	Registration Dist. No. 76	
	1	Village or City Sarf Con	NoSt.,	Ward
	1	Length of residence in city and own where death occurred of yrso mos.	death occurred in a hospital or institution, give its NAME instead of street and num	ber)
		2. FULL NAME CHEW Mulas		
		(a) Residence: No. Portholo Court	St., Ward.	
	_	(Usual place of abode)	If nonresident give city or town and Sta	ite
	•	PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OF PACE 5. SINGLE MARRIED WIDOWED.	MEDICAL CERTIFICATE OF DEATH	
	1	emale white will own of cornic the stord)	21. DATE OF DEATH COLORS 30 (Month) (Day)	93. (Year)
1	/5a.	If married, widowed or divorced HUSBAND of (or) WIFE of MAMAS hould	22. HEREBY CERTIFY. That I attended dec	eased from
ai	6	DATE OF BIRTH (month, day, and year) all (0 1854	I last saw h - CY alive on Oct . 30 , 19 34; d	, 19.
certificate	-	AGE Years Months Days If LESS than	to have occurred on the data stated above, at 2 P. m.	eath 12 2ain
rtif		10 19 25 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance wera as follows:	
of ce	NOI	8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	Phranie Menantation	ate of onset
back	OCCUPATION	9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	Chunic Endo andre	1926
uo	000	10. Date deceased last worken at this occupation profit and 93 3 11. Total time (years) spent In this year)		
instructions	12.	BIRTHPLACE (city or town)	Other Centributory Causes of importance:	100
tru	~	(Stata or country)	Hyperlension 1	720
	FATHER	13. NAME ON SMOWN		
See	FAT	14. BIRTHPLACE (city or town) (State or country)	Nama of operation Date of	
	2	15. MAIDEN NAME AS LAMBOUR	What test confirmed diagnosis?	psy?
im portant.	MOTHER	16. BIRTHPKACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?	., 19
d mi	-	(State of country)	Where did injury occur? (Specify city or town, county and State)	
very		INFORMANT Corfultout, and	Specify whather injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
.00	18.	BURISL CREMATION OF REMOVAL PROPERTY OF DONAL 1934	Manner of injury	
LION	19.	UNDERTAKEN LEGA VALLUSON	7	0
		(Address) Tempolly Mill	If so, specify	·
()	20.	FILED 1 - 1994 65 Jaudes, Registrar.	(Signed) South Separat me	M. D.

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Example I	AT ALL PARTY OF THE PARTY OF TH	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	MARGIN RESERVED FOR BINDING	ED FO	R BINDING
N. B.—WRITE PLAINLY, WITH CNFADING INK—THIS IS A PERMANENT RECO.	Th CNFADING INK-7	SI SIH.	A PERMANENT RECO
mation should be carefully supplied. AGE should be stated EXACTLY. PH	ly supplied. AGE should	be stat	ed EXACTLY. PH
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact	lain terms, so that it may	be pro	perly classified. Exact
TION is very important. See instructions on back of certificate.	See instructions on bacl	c of certi	ficate.

V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	3 Paristantia Bia M. 96
Village or City Perryille	No. Registration Dist. No. Ward
(If Length of residence in city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME Still Birth &	one
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH October 27, 193 4 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) October 2.7 1934	I last saw h man arter by Com Oct 27, 19 34; death is said
7. AGE Steam Months Deys If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 230 A.m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc. 10. Date deceased last worked et this occuration (month and	Tremature Buth
10. Date deceased last worked et this occupation (month and year)	2 //20/
12. BIRTHPLACE (city or town) Genyalle (State or country)	Other Contributory Causes of importance:
13. NAME 7	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Deulah Blanche Coans	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT Mis. Osean Engers. (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL, Place Cle Cremins Dete Oct 27, 1934	Manner of Injury
19. UNDERTAKER Oslas Every Frankfuller (Address)	24. Was disease or Injury In any way releted to occupation of deceased?
20. FILED 10/30 , 1934 & F. Handers Registrar.	(Signed) figuragraw, M. D. (Address) Pennikle Wide
16 U. L	V Cl. I C. P. II.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		I C B A A B A A B A B A B A B A B A B A B	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gostroenteritis	1 year

County (ees CERTIFICATE OF DEATH 1 EXACTLY, P 82-a Registration Dist. No. (If death occurred in Ward) properly class of certificate. a hospital or institution, give its NAME is stead of street and number.) stated PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE MARRIED, Wes 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH 93 90 WIDOWED. OR DIVORCED ouid may n bad Write the word) (Month) (Day) (Year) 6 DATE OF BIRTH HEREBY CERTIFY, That I attended the deceased from 0 terms so that see instructions that (Month) (Dsy) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: pplied 00) ee i B OCCUPATION SERV Bu (a) Trade, profession or S particular kind of work carefully pla important. (b) General nature of industry business, or establishment in UNFADING 2 Duration) which employed or (employer) I Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) be EA (Diration) very DO 10 NAME OF (Signed) CF FATHER S m 11 BIRTHPLACE OF FATHER Z *State the Disease Causing Death, or, in SO CAU Violent Causes, state (1) Means of Injury and (2) Whether (State or country) tal Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 00 OF MOTHER 18 LINGTH OF RUSIDENCE (For Hospitals, Institutions, Trans-Etate (4 4 ients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER State. of deathyrs......mos......ds. (State or Country) 00 Where was disease contracted, Ξ Of 14 THE ABOVE IS TRUE TO it not at place of dea.h?..... hot Former or usual res.dence 00 CIANS Every Registras If more banks are needed, addres tate Registrar, 18 W. Saratoga St., Balto., Requesting V. S. Ivo. 1.

STATE OF MARYLAN

PLACE OF DEATH

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocer," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to e.ch and every person, irrespective ci cupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "For man," "Nanager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Foreman, (b) Automobile factory. The materia. For many occupations a single word or term on Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid Jever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

st_ted unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E:haustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Com2," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondar) or intercurrent) affection need not be streed unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; approved American Medical Association.) (Recommendations on statement of cause of death Never report mere symptoms or terminal condiby Committee on Nomenclature of the Chronic etc. The contributory valvular heart disease; Measles ;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1. PLACE OF D	EATH		(8	2-0)	(1	1
County (1 x 2/2			Dist. No.	0
Village or City	Mhut	sait,	No.		St.,	
Length of residence	in city or town where de	ath occurred of Con	(Il death occurred in a hospita			
	MUN DIN	still occurred the state of the	D's as A	n U.S. if of foreign birth?	yrs	_mos
2. FULL NAME	my cy	The state of the s				
(a) Residence: N	o. Larry	(Usual place of shode)	St., Ward		nt give city or town a	ad Stat
PERSONAL	AND STATISTIC	CAL PARTICULARS	MEDIC	CAL CERTIFICAT		
3. SEX 4. C	OLOR OR RACE	5. SINGLE, MARRIED, WIDOWED	21. DATE OF DE		0.4	
bulle 1	white	OR DIVORCED (write the word)		(Month)	22	, 19:
5a. If merried, widowed, or	divorced			(MORTH)	(Day)	
(or) WIFE of	Mels -	Made	122. THE	REBY CERTIF	Y. That I attend	ed dece
a DATE OF THE		00. 22. 100	7	1904, to	2 3	11
6. DATE OF BIRTI1 (mont) 7. AGE Years	, day, end year	Days If LESS that		ve on der 2	45-	.7.; de
7.6	10	/) 1 day,	10 11010 000011100 011 1110	date stated above, et / 4. OF DEATH and related cou	4	
8. Trade, profession,	or particular /	ormin.	were as follows:	C Kemors	la s	Da
kind of work d SAWYER, BOOI 9. Industry or busine work was done	one, es SPINNER	ngework	of f	raine labor	Alexa)	
9. Industry or busine	ss In which	A 7/101110	7	4	1-7/	
work was done SAW MILL, BA 10. Date decessed lest this occupation	1 / 1	Howa				
this occupation	(morth and 1934	11. Total time (yeers)				
	1 tos 4	(18 A) 11 W	Other Contributory Caus			1
12. BIRTHPLACE (city or to (Stete or country)	wh) - Market	MAN SANGER	artires	o Selevo	20	X2
13. NAME LOT	New Min	what				
14. BIRTHPLACE (city	v town)	01/1	Neme of operation	es operate		
(State or count		Laste.		gnosis?	Was these of	
五 15. MAIDEN NAME	Bridges	Bauron	11 -	ternal causes (VIOLENCE)		
16. BIRTHPLACE (city	or town)	1 1		nicide? / / Q		/
∑ (State or count		same.	Where did injury occur?			
17. INFORMANT CIT	reserve I.	Stace 1	Specify whether injury o	(Specify city of courred in INDUSTRY, In H	or town, county and S OME, or in PUBLIC I	tale)
(Address)	Jorshell.	one full.	•	~		
18. BURIAL/CURNATIONAL	Si Com	101425-3	Manner of Injury			
prace L.L.	10 34	, 19, 19	Nature of Injury			
19. UNDERTAKER	a ally	sau f	24. Wes diseese or Injury	In any way releted to occu	pation of deceased?_	140
(Address)	mysry	y ma	If so, specify	The state of the s	0	
			(Signed)			

N. B.-WRITE PLAINLY, WITH WINFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-WARGIN RESERVED FOR BINDING

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MAR	LAND-CERTIFICATE	OF	DEATH
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1 10130

	1. PLACE OF DEATH	(82-2)				
	County Cecel	Registration Dist. No. 9.7				
1	Village or City Eell mills - med .	ND. St., V. death occurred in a hospital or institution, give its NAME instead of street and number)	Ward			
	Length of residence in city or town where death occurredyrsmosds. How long in U.S. if of foreign birth?yrsmosds.					
	(a) Residence: No. 25/5 N. Pratt St.	9 Ward Baltimore sud.				
	(Usual place of abode)	If nonresident give city or town and State				
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
	Female 4. COLOR OR RACE Nuite 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**.	21. DATE OF DEATH October 13, 193 4, (Month) (Day) (Yea	<u>/</u>			
	5a. If married, widowed, or divorced Wedowed HUSBAND of (or) WIFE of Beward Hellwice	22. I HEREBY CERTIFY. That I attended deceased Oct 12 1934 to Oct 13 19-	from			
	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LES than 1 day,hrs.	I last saw here elive on to have occurred on the data stated above, at 45 fg.m. Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:				
	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	arteroselarosis +	gr.			
crious	year) occupation 12. BIRTHPLACE (city or town) Lemany	Other Cautributary Causes of importance:				
n racii	(State or country) 13. NAME aug ush Britzenbach	Cerebral hemorrhage 10	13-34			
220	13. NAME August Myserbach 14. BIRTHPLACE (city or town) Form any (State or country)	Nama of operation Date of Was there an au'opsy?				
ay maportant.	15. MAIDEN NAME Dorothy Houses 16. BIRTHPLACE (city or town). Someony (Stata or country) 17. INFORMANT & Houris Har Tanzmann (Address) 2416 mules	23. If death was dua to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?	MI.			
	18. BURIAL, CREMATION, OR REMOVAL Place Western Cometary Date Och 16-, 19 34	Manner of Injury				
710	19. UNDERTAKER Ballymork	24. Was disease or injury in eny way related to occupation of deceased? 200 If so, specify				
	20. FILED Cet / J. 19 34 & Saces frage	(Signed) fallacan for her Delaure	M. D.			

V. S. No. 1

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Example I	[1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
Utansumes	May 1,1920	Table de la constitución de la c	1 year

V. S. No. 1 m of OCCUPA.

STATE OF MAR	YLAND-	CERTIFICATE OF DEATH	10131
1. PLACE OF DEATH		(70-F)	
County Cecil		Registration Dist. No.	7
Village or City Elletow		No. Union Hospital St.	Ward
Length of residence in city or town where death occurred		death occurred in a hospital or institution, give its NAME instead of street and	
2. FULL NAME Robert author	4 Nine		
(a) Residence: No. Earleville	Wed.	St., Ward.	
(Usual place PERSONAL AND STATISTICAL PARTI		If nonresident give city or town an	d State
3. SEX 4. COLOR OR RACE 5. SINGLE, MAR	RIED, WIDOWED,	21. DATE OF DEATH	
MALE WHITE SINGS	D (write the word)	(Month) (Day)	, 1934 (Year)
5a. If married, widowed, or divorced HUSBAND of			(100)
(or) WIFE of		22. 1 HEREBY CERTIFY, That I attended	deceased from
6. DATE OF BIRTH (month, day, and year) October	12-1934		.; death is said
7. AGE Years Months Days	If LESS than	to have occurred on the date stated above, at 10-m.	
3	l day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER,		J-D-1, D-1	
S. Hale, profession, or particular,		Jemopula	Vert 14
work was done, as SILK MILL, SAW MILL, BANK, etc	work was done, as SILK MILL, SAW MILL, BANK, etc		
	ime (years) nt in this upation		
12. BIRTHPLACE (city or town) Election (State or country) maryland.		Other Contributory Causes of Importance:	
13. NAME Frank Hiles			
13. NAME Frank Hules 14. BIRTHPLACE (city or town) Laleura (State or country) Maruline	2.	Name of operation Date of	UNT 178
15. MAIDEN NAME May Plant		What test confirmed diagnosis?	
15. MAIDEN NAME May Plant 16. BIRTHPLACE (city or town) London (State or country) England	1	Accident, suicide, or homicide? Date of injury Where did injury occur?	
17. INFORMANT & Harle Hines (Address)	d.	(Specify city or town, county and St Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ate) LACE,
18. BURIAL, CREMATION, OR REMOVAL	1 16	Manner of Injury	
Place Wh Home Date Och	10 ,19 84	Nature of injury	
19. UNDERTAKER 7/O		24. Was disease or injury in any way related to occupation of deceased?	~~
(Address)	//	If so, specify	
20. FILED Och 15 , 1934 J. Straus 12	1 rough	(Signed) Wilt Cunt	M. D.

If more blanks are needed, address Sigle Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	'1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH	10132
1. PLACE OF DEATH	93-0	/
County () fagge - al	Registration Dist. No.	6
Village or City Stypull ssit	No. St.,	Ward
Length of residence in city/or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street a	
2. FULL NAME SULLEN Wesley for	alpson	
(a) Residence, No. Lorthelpositi	St., Ward.	
(Usual place of shode)	If nonresident give city or town	
PERSONAL AND STATISTICAL PARTICULARS 3. JEW 4. COLOR OR PACE 15 SINCLE/MARPHER WIDOWED	MEDICAL CERTIFICATE OF DEATH	1
Male white Divorce of write the word	21. DATE OF DEATH	, 193 / (Year)
5a. If marriad, widowed, of thereed HUSBAND of Cor) WHE of Standard Marriagon	22. I LEREBY CERTIFY THE 1 attent	ed deceased from
6. DATE OF BIRTH (month, day, and year) Aug. 185-8	I last saw has alive on DC 27	26, 19.34
7. AGE Years Months Pays If LESS than	to have occurred on the date stated above, at 2	; death is said
76 2 26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
& Trade profession or particular		Dete of onzet
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	My Fli	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 10. Introduction (page 1). This occuration (matter)	Chilmo Il chocomonis.	1930
10. Date deceased last worked at this occupation (mantitaling agree) 11. Total time (years) spent in this 3-3- occupation		
12. BIRTHPLACE (city or town) Or hollowy) (State or country)	Other Contributory Causes of importance:	
	frumausm	1913
I The factoring		
14. BIRTHPLACE (city or town) While State or country)	Name of operation	
15. MAIDEN NAME MAKE WALLEY WILL TO SEL	What test confirmed diagnosis? Was there a	
15. MAIDEN NAME MARCHA Whitelock 16. BIRTHPLACE (city or town) Sold We Pourly	23. If death was due to axtarnal causes (VIOL ENCE) fill in also tha follow Accident, suicide, or homicide? Date of injury	
(State or country) Mid.	Where did injury occur? (Specify city or town, county and S	State)
17. INFORMANT CALL STATE OF THE CALL STATE OF TH	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place to fully the Date of Oo, 19 9	Nature of injury	}
19. UNDERTAKER SCHOOL S	24. Was disease or Injury In any way related to occupation of deceased? If so, specify	160
20. FILED 10/29, 1934 Lot, faulers. Registrat.	(Signed) / ACM	Title Mag
	(Audiess)	

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il	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	ANTIONAL	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5 ,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

STATE	OF	MARYI	AND-CE	RTIFICA	TF	OF	DEATH
SIAIL	OI	IAIWL I F	AIND CL		711	OI	DEALD

- 1	10	1	10	7
	()	1	1)	1)

1. PLACE OF DEATH	(96-a)
County Ce cil WITHIN CO	REGISTRATE LIMITS OF Registration Dist. No. 9/
Village or City Eletton Muin	Host tal
9-1	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residance in city or town where death occurredyrs	_mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME and KKer	K
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word marked)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of Kaura Kirk	22. I HEREBY CERTIFY, Jhat I attanded decessed from
	Oct 13 ,1004, to Butolio 26, 1934
6. DATE OF BIRTH (month, day, and year) 27 /90 2	I last saw h aliva on
7. AGE Years Months Days If LESS that day,	h
22 2 ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importanca were as follows:
Z Sada, profession, or particular kind of work done, as SPINNER, Ston Keepen SAWYER, BODKKEPPER, atc.	2
SAWYER, BODKKEEPER, atc.	Deplement of 12-11-
9. Industry or business in which work was done, as SILK MILL, D > C Caual SAW MILL, BANK, etc.	Sheptouseen bentlyturs)
Rind of work done, as SPINNER, Show Keepen SAWYER, BODKKEEPER, atc. 9. Industry or businass in which work was done, as SILK MILL, DV C Caual SAW MILL, BANK, etc 10. Date deceased last workad at this occupetion (month end year) 11. Total time (years) spent in this occupation.	
12. BIRTHPLACE (city or town) Bethelp	Dther Contributory Causes of importanca:
(Stata or country) manyland	- flating of Calus
13. NAME Ruly Risk	hight book)
14. BIRTHPLACE (city or town) Bethel (State or country)	Name of operation Office Regulation fraction Date of Garage
	What test confirmed diagnosis? Wes there an autopsy? 23. If death was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town) Checker Cike	Accident, suicide, or homicida? Accident, Date of Injury 10-13 197
State or country)	Whera did injury occur? Oherapashe Cet red.
man La Ringe	(Specify city or town, county and State) Specify whathar Informy occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
17. INFORMANT MA Kama (Addrass) Cher abeale Cit had	at I me '
18. BURIAL, CREMATION, DR. REMOVAL	Manner of injury Less 24 2 story roof.
Place Bethel Ceruly Date Oct 30, 197	Natura of injury Fulland Reel.
19. UNDERTAKER TY	24. Was disease or injury in any way related to occupation of deceesed? WO.
(Address) Eletton md	If so, specify
20 FILED 10/28 1934 13 H Braun	(Signad) Newy V. Davis M. D.
Registrar	(Addrass) Cheropyselly Und
If more blanks are needed, address State Regis	trat, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
St. Je. E.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	E		Ex
ARGIN RESERVED FOR BINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RI	mation should be carefully supplied. AGE should be stated EXACTLY.	CAUSE OF DEATH in plain terms, so that it may be properly classified. Ex
4	H	V)	d
1	HIS	be	be
EKVI	IK-T]	plnods	it may
1 1	H	M	ati
4	NG	VG	th
3	DI	_:	SO
ARG	UNFA	pplied	terms,
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	L	ully	pla
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	Z	be	EA
	LA	plu	D
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. 2. 10° 1	1	E	0
1	B		1
•	Z	-	-

STATE OF MARYLAND—CERTIFICATE OF DEATH	0134
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1. PLACE OF DEATH		(167)	
County Occil		Registration Dist. No. 92	
Village or City near	alk ton	NoSt.,	Ward
Length of residence in city or town when		f death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. If of foreign birth?yrsmos	ds
2. FULL NAME Willia	- weler thus	matrina	
120	1	a mid	
(a) Residence: No. // FAT	(Usual place of abode)	St., (/Ward. If nonresident give city or town and State	
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH October 5, 193.5	4
5e. If married, widowed, or divorced HUSBANO of			61)
(or) WIFE of Clara 6.	matsinger	22. I HEREBY CERTIFY, Thet I ettended deceased	
	7 1 10 1 -	, 19, to, 19-	
6. DATE OF BIRTH (month, dey, and yeer) 7. AGE Years Months	eby 14, 1863	I last sew h; death	is seld
7. AGE Years Months	Oays If LESS than 1 dey,hrs.	to heve occurred on the dete steted above, at 17/10 fc.m.	
7 // //	ン/ ormin.	were es follows:	fonset
8. Trede, profession, or perticular kind of work done, es SPINNER.	x. + · · ·	Wound in left chest at	
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	unced	nipple from shot gun at 10	130
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		close lange	
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	11. Totel time (yeers)		
this occupation (month and year)	11. Total time (years) spent in this occupation		
Pt.	Ca. D. O. O.	Other Coutributory Causes of Importance:	
I2. BIRTHPLACE (city or town) (State or country)	asceptus fa		
13. NAME Maurice	/ h. +.		
14. BIRTHPLACE (city or town). Ph	· on airinger		
	l'adelphia.p	Neme of operation Date of	
(State or country)	1 A D	Whet test confirmed diegnosis? Was there en autopsy?.	hi
15. MAIDEN NAME and	2 Weckerly	23. If deeth wes due to external causes (VIOLENCE) fill in elso the following:	
0 16. BIRTHPLACE (city or town) the		Accident, suicide, or homicide? Dete of injury 10/5, 19	34
(Stete or country)	1 /a	Where did injury occur? RFN#1 Elkton had.	
17. INFORMANT Haurice N.	matsinger	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) 727 Drexel ave	Drexel Ities, Pa.	af summer home	
18. BURIAL, CREMATION, OR REMOVAL	00-	Menner of injury possibly accidental	
Place So Laurel Hill Co	n. Dele Oct 8 , 1934	Nature of injury probably suicide	
19. UNDERTAKER . H. W. /	oil dies	24. Wes disease or injury In eny wey related to occupetion of deceesed? 2	
(Address)	Etter, md.	If so, specify	
Oct 1 31-13	hand have	(Signed) J. Nodices Frages Corone	14-9
20. FILED 6, 1934	Register.	(Address) Eestton, Ind.	
	Acgustar.	(1001000)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	11 11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	S 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH	-CERTIFICATE OF BEATH
County Cecil	Registration Dist. No.
	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,m	os. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Lynard dan	ne The Cartley
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEK 4. COLOR OR RACE OR DIVORCED (write the word) Male A color or RACE OR DIVORCED (write the word) Manuel	21. DATE OF DEATH (Month) (Day) (Day) (Yeer)
5e. If married, widowed, or divorced HUSBAND of (or) WHFE-of	22. HEREBY CERTIFY That I attended deceesed from
6. DATE OF BIRTH (month, day, end year) July 2451899	I last saw have alive on Oct 9, 19.34; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 2:30 and
35 2. 1 day,hr	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade, profession, or perticular kind of work done, es SPINNER,	Date of onset
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and	- Cordiac (sellina
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Queste 20.0 + 7
10. Date deceased last worked et this occupation (month and year) spant in this occupation (month and year)	deart
12. BIRTHPLACE (city or town) Stoneham	Other Cuntributury Causes of importance:
(State or country) Anass.	- Candraco Failure
13. NAME Trowned Dunie Por Carth	
13. NAME Troused Dunie Pine Cartle 14. BIRTHPLACE (city or town) Attended to the Cartle	Name of operation
(Stete or country) Canada	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Frances Deravice	23. If deeth was due to external causes (VIOL ENCE) fill in also the following:
0 16. BIRTHPLACE (city or town). Worklaster	Accident, suicide, or homicide?
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Assa dearners Dona Curtles (Address) Brans Porest	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Product Date Oct. 13 19 3	Manner of injury
19. UNDERTAKER Design of John (Address)	24. Was disease or Injury in any way releted to occupation of deceased?
20. FILE 0/10 , 1934 1271: Handers Registrar.	(Signed) (Address) Address Address Address
	r, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUISTALL V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEA

	7 (3)	17/2
ATH	11/1	36

County Cecl Village or City C Garlestown No. (If death occurred in a hospital or institution, give its NAME instead of street and not be used to	sds.
Village or City Charlestown No. St., (If death occurred in a horpital or institution, give its NAME instead of street and no. Length of residence in city or town where deeth occurred yrs mos. ds. How long in U.S. if of foreign birth? yrs. mos. 2. FULL NAME Mary E Miskinson (a) Residence: No. (Usual place of abode) St., Ward. Charlestown (Usual place of abode)	umber)
Length of residence in city or town where deeth occurred	sds.
2. FULL NAME Mary E Miskimon (a) Residence: No. (Usual place of abode) St., Ward. Charlestown (If nonresident give city or town and St.)	
(a) Residence: No. St., Ward. Charlestown (Usual place of abode) St., Ward. Charlestown and St., Ward.	State
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
TENSORIAL AND STATISTICAL TARTICOLARS	
1. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed Color of RACE (Month) (Month) (Month)	, 193(Yeer)
e. If merried, widowed, or divorced HUSBAND of (or) WIFE of John J Mishimon 22. HEREBY CERTIFY. That I ettended d	leceesed from
111010 111010 111010	; deeth Is said
AGE Years Months Days If LESS than to have occurred on the dete steted above, et 7.4m.	
74 8 23 I day,hrs. The PRINCIPAL CAUSE OF DEATH end releted causes of importance were es follows:	Date of onset
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
SAWYER, BOOKKEEPER, etc.	6-ges
work was done, as SILK MILL, SAW MILL, BANK, etc.	9
10. Dete decessed last worked et this occupation (month end spent in this occupation occ	
2. BIRTHPLACE (city or town) York Cluster Contributary Causes of importance: (State or country) Causes of importance:	3 moz.
13. NAME Samuel Hydler	
14. BIRTHPLACE (city or town) Dete of	
(State or country) Jumany What test confirmed diagnosis? Was there an au	utopsy?
15. MAIDEN NAME Margaret Hystian 23. If death was due to external causes (VIOLENCE) fill in elso the following:	
16. BIRTHPLACE (city or town) — Accident, suicide, or homicide? — Date of Injury — Date of	, 19
(Specify city or town, county and State) 17. INFORMANT Mrs) ferry Frederick Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAN (Address) Charles for which was the specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAN (Address)	CE.
8. BURIAL, CREMATION, OR REMOVAL Catholic betin Place Have De Grand Date Oct 6 , 19 34 Neture of injury	
9. UNDERTAKER ONLY RANGE 24. Wes disease or injury In eny way related to occupetion of deceesed? (Address) If so, specify If so, specify	
20, FILED/0-5-34, 19 Leo W. Queus (Signed) Mill Fiffy	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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BUREAU V. F			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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10A P Tah			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	RD. Eve	YSICIA	stateme	
1	RECO!	Y. PH	Exact	
	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Eve	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIA	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact stateme	
	A PERN	ted EX	perly cla	TION is very important. See instructions on back of certificate.
	SIS	stat	pro	certi
	H	be	pe	of
	IK-T	plnous	t may	1 back
	Z	H	it i	10
	NG	AG	th	ions
	DI	-:	80	ucti
	UNFA	pplied	terms,	instr
	Ē	ly su	lain	See
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	LY,	car	TH	porta
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	RI	tion	CUS	NO
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STATE OF MARYLAND— 1. PLACE OF DEATH County Count	-CERTIFICATE OF DEATH 10138
Village or City Celklon Muryaus	Registration Dist. No. Nollinson we fit all St., Ward death occurred in a horpital or institution, give 1/16 NAME instead of street and number)
Length of residence In city or town where death occurredyrs,mo	osds. ,How long in U. S. if of foreign birth?yrsds
2. FULL NAME	Price
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (wrighte word) Surgle	21. DATE OF DEATH October 31, 193 4
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. J. HEREBY CERTIFY. That I attended deceased from
DATE OF RIRTH (month day and year) Intakes 31-1903	I last saw h. 20 afree on Alle Correge death is sa
6. DATE OF BIRTH (month, day, end year) // CLATCE O / - / STAGE Years Months Days If ESS than 1 day,	to have occurred on the date stated above, atm.
8. Trade, profession, or particular kind of work done, as SPUNNER, SAWYER, BOOKKEEPER, etc.	were as follows: Date of once
skind of work done, as SPtNNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occuration (month and	miseconafe
10. Date deceased last worked at this occupation (month and yeer)	
12. BIRTHPLACE (city or town) Concern Naspelal (State or country) Collection March (2018)	Other Contributory Causes of Importance:
13. NAME Lather Price	
13. NAME Clathy Pice (14. BIRTHPLACE (city or town) Mary land (State or country)	Name of operation will well the Oate of 1737 What test comprise the series of free an autopsy? We
15. MAIDEN NAME Jorothy May Thompson	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
15. MAIOEN NAME Jarothy May Thompson 16. BIRTHPLACE (city or town) Mary Janethy (State or country)	Accident, suicide, or homicide?, Dete of injury, 19
17. INFORMANT Dorothy Price (Address) Jismis M. Marilland	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred In INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Of House Oate 19	Manner of injury
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILEO Mon 7 , 1934 Malles Joans Registrar.	(Signed) (Address) A Sun M. (Address) A Sun M.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DEEDSTAIL V. R.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH		82:0
County Lelal	·	Registration Dist. No. 95
Village or City near Ris	ing sun	NoSt., W
Length of residence in city or town whera dead	h Securred 78 yrs 2 mos	f death occurred in a hospital or institution, give its NAME instead of street and number) s
2. FULL NAME William	no John x	Simmere Sr
(a) Residence: No. Fran R.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
sex 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 0
if merried, widowed, or divorced HUSBANO of	1	(Month) (Day) (Year)
(or) WIFE of Sarah fan	e simmers	22. HEREBY CERTIFY. That I attended deceased f
DATE OF NATURE AND A SECOND ASSESSMENT OF SECOND AS	-0 1001	001, 11 ,1934, to 001. 15 ,193
AGE 7 Years Months	Q Oays If LESS than	I last saw h Lee alive on
	1 dey,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causas of importance
8. Treda, profassion, or particuler	ormin.	were as follows: Verrebral () Onto of on
8. Treda, profassion, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	armer	
9. Industry or business in which work was done, as SILK MILL,		(apapless)
SAW MILL, BANK, etc		
10. Date deceased last worked at this occupation (month and year)	11. Totel time (years) spant in this 68	
BIRTHPLACE (city or town) Jaken	ood.	Other Contributory Causes of importance:
(State or country) Cecil	md.	
13. NAME Coseph Sus	money	
14. BIRTHPLACE (city or town) Cake	wood	Nama of operation 20 Okev. Data of
(State or country) Cecil	md.	What tast confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Mary Su	inehart	23. If deeth was due to axternal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	sville	Accident, suicide, or homicide? Oate of injury (19.
(State or country) Lanca	eter Pai	Whera did injury occur?
INFORMANT Harvey Es	Simmers)	(Specify city or town, county and State) Spacify whether Injury occurred in INOUSIRY, in HOME, or in PUBLIC PLACE.
(Address) Rising Sur	w. Ind.	
BURIAL, CREMATION, OR REMOVAL	26 2 2 13 2	Mannar of injury
PlaceWest Galleryhorn	Date	Natura of injury
UNDERTAKER J.G. Jupon	v	24. Wes disaase or injury in any way related to occupation of deceased?
(Addrass) Pering	en Ind.	If so, spacify
FILED 1 / (2.19 34)	4	(Signed) Esnest Vontacel

V. S. No. 1

N. B.—WRITE PLAINLY, WITH

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

LARGIN RESERVED FOR BINDING

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

Exact statement of OCCUPA-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUDEAU V, S.	5		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH		
1. PLACE OF DEATH	28		
County	Registration Dist. No. 76		
Village or City Deposit	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)		
Length of residence in city or town where death occurredyrsmos.			
2. FULL NAME Sulvey Som	A		
(a) Residence: No. Jorthell Bail, Mid	St., Ward.		
(Usual place of abode)	If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) - 78 (Pay) (Year)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	1 HEREBY CERTIFY That I attended deceased from		
6. DATE OF BIRTH (month, day, and year) July 30-1917.	I last saw h a aliva on 198 4; death is sald		
7. AGE Years Month Days If LESS than	to have occurred on the date stated above, at 9 50 m.		
17- 2 28 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Fulmonon new		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. S. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased last worked at this occupation (month and	Jubertulous 1934		
10. Date deceased last worked at this occupation (month and year) 11. Total tima (years) year)			
12. BIRTHPLACE (city or town) Spartensgraf (State or country) South Saratus	Other Coatributory Causes of importance:		
13. NAME 14. BIRTHPLACE (city or town) (State or country)			
4 14. BIRTHPLACE (city or town)	Name of operation		
(State of Edulity)	What test confirmed diagnosis? Was there an autopsy?		
15. MAIDEN NAME Other Hell	23. If death was due to external causes (VIOLENCE) fill in also the following:		
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19		
(State or country) STIMEN (AND LINE)	Where did injury occur?(Specify city or town, county and State)		
17. INFORMANT Other Hell Morgan	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL CRAMATION, OF REMOVAL Place of Shury Club Date 1007, 1934	Manner of injury		
10 Hungorada 100 de Catturan	24. Was diseasa or Injury in any way related to occupation of deceased?		
19. UNDERTAKER (Address) Gryvelle Mill	If so, specify		
20. FILED 29th, 19. 74 L.F. Handero Registrar.	(Signad) Par DEpartud M. D.		
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.		

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
			4		
			1 X.		

ADDITIONAL.	SPACE	FOR	RURTHER	STATEMENTS	RV	DHYSICIAN
TYDDYTTONY	DIZION	T. OTP	LOWITHER	STATEMENTE	DI	THISICIAN

more blanks are needed address Sigie Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURBAL V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS

CAUSE OF DEATH in plain terms, so that it may be properly classified.

item of infor- should state of OCCUPA-	1. PLACE OF DE County Village or City
nt Ng	Length of residence I
ORD. Every HYSICIANS	2. FULL NAME. (a) Residence: No
	PERSONAL
REC F. P Exac	3. SEX 4. CO

STATE	OF	MARYLAND-	CERTIF	ICATE	OF	DEATH	

	1 .	4	4	13	
1	H	R	(3)	. (
- 1	V	J	1	()	

1. PLACE OF DEATH		(9270)
County Cecil		Registration Dist. No. 92
Village or City Elkton	RDZ	No. St Wa
the state of the s		If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where dea	1	sds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Whice	face Wa	neu
(a) Residence: No.	/	St., Ward.
DEDECAMAL AND STATISTICS	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTIC 3. SEX 4. COLOR OR RACE 5		MEDICAL CERTIFICATE OF DEATH
He ale 118 to	OR DIVORCED (write tha word)	21. DATE OF DEATH Och 14
for 15 merciad midward and inventor	widow	(Month) (Dey) (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	Lowed	22. I HEREBY CERTIFY, That I attended deceased fr
(or) wire of Jame	s a. Warren	1929 to Oct 14 193
6. DATE OF BIRTH (month, day, end yeer)	my 25 1856	I lest saw h alive on Oct 13 , 19 %; deeth is s
7. AGE Yeers Months	Deys If LESS then	to heve occurred on the dete steted above, at &am.
78 4	19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importence wara as follows:
8. Trede, profassion, or perticular kind of work done, as SPINNER,		Date of on
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	1 some	Ilmile Jonerene
9. Industry of business in which		
work was done, es SILK MILL, SAW MILL, BANK, etc		
10. Date deceased last worked at this occupetion (month end year)	11. Totel tima (years) spent in this	
(O A LIFE	- occupation	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) (State or country) Mew	Tahre	Chronie Endocadeti;
	1.6	and Chronic myocardel
	ul	
14. BIRTHPLACE (city or town)	L'Charle	Nama of operation
	to when	What test confirmed diagnosis? Wes there en eutopsy?
	raway	23. If death wes due to external ceusas (VIOL ENCE) fill in also tha following:
16. BIRTHPLACE (city or town) Osure (State or country)	90	Accident, suicide, or homicide?
(State of Country)	1/02/	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT	100	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL -	+ /LN-Z	
Place Bathel Cember	Date Cect 16 1934	Manner of injury
74/100.	. 19.5	Nature of injury
19. UNDERTAKER	there	24. Wes diseese or injury in any way releted to occupetion of deceesed?
(Addrass) Eleting	The state of the s	If so, spacify
20, FILED OCK 16 , 1934 17 72	and tronge	(Signed) M.
	Registrar.	(Address)

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1 041280					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

certificate.

See instructions on back

important.

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should state

PHYSICIANS Exact statement

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STATE OF MARYLAND	CERTIFICATE OF DEATH	44
1. PLACE OF DEATH	——————————————————————————————————————	
County Class	Registration Dist. No. 72	
Village or City Classoci		Ward
	death occurred in a horpital or institution/give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?	
(a) Residence: No. Last No. Posit	St. Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, ARDIVORCED (write sile word) Walle	21. DATE OF DEATH (Month) (Day) (Yes	≠ ar)
5a. If married, widowed, or divorced HUSBAND of (or)—WIFE 07 Auling Will CCC.	22. OF I HEREBY CERTIFY. That attended dacaased	
6. DATE OF BIRTH (month, day, and year) Luly 7, 83	I last saw h Lon aliva on Oct 2 , 1934; death	is sald
7. AGE Years Norths Day's If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at S	-
8. Trade, profession, or particular kind of work done, as SPINNER Machinest SAWYER, BOOKKEEPER, etc.	Chronic Alcoholisin 10/2	i onset
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK ILL A. Jowen Foricae SAW MILL, BANK, etc. 10. Data deceased-last worked at 11. Total time (years)	7	734
10. Data deceased last worked at this occupation would be the spent in this year) 11. Total tima (years) spent in this occupation occupation		
12. BIRTHPLACE (city or town) Low landwill (State or country)	Other Coutributory Causes of importance Lawling 10/2	5/34
" 13. NAME HORMAN SUIL.		
13. NAME WWALLS III. 14. BIRTHPLACE (city or townshies lungton Burrough (State or country)	Nama of operation Data of What test confirmed diagnosis? Was there an au'opsy?	
15. MAIDEN NAME Carrie Jape Hoover 16. BIRTHPLACE (city or townstors Treverton	23. If death was due to external causas (VIOLENCE) fill In also the following:	Harry.
[5] 16. BIRTHPLACE (city or town) Out Vrewestown	Accident, suicide, or homicide?	

(State or country) Where did injury occur?__ (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMAN (Address)

19. UNDERTAKE (Address) 20, FILED

Manner of Injury

24. Was disease or injury In any way related to occupation of deceased? If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927		3 days ago
PHREAU V. E.	1 1 1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

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of OCCUPA-

1. PLACE OF DEATH	CERTIFICATE OF BEATH 10145
County Cecil	Registration Dist. No. 54
	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
H 2 2 1 22 .	sds. How fong in U.S. if of foraign birth?yrsmosds.
2. FULL NAME Thos. B. W Illian (a) Residence: No. (Usual place of abode)	St., Ward. north East hid
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DAYORCED (write tha word) Se. If married widowad or divorced	21. DATE OF DEATH oct. 22 (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Fairbairn 6. DATE OF BIRTH (month, day and year)	22. LI HEREBY CERTIFY. That I ettended dacassed from Oct. 19,1934
6. DATE OF BIRTH (month, day, and year) 7. AGE Yeers Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at
8 Trade profession or particular	were as follows: Thyocarditis Date of onset 1933
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased last worked et this occupation (month and	
year) 12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance;
13. NAME Thomas S. Williams 14. BIRTHPLACE (city or town) Ragley	Name of operation Dete of
(State of country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Engly Bell 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Wallace Williams (Address)	23. If daath was due to external causes (VIOLENCE) fill in also tha following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Better M.E. Cair G. M. Date Der 24 , 19 34	Mennar of Injury
19. UNDERTAKER JOSEPH R Grant (Address) Worth East Mod 20. FILED / D = 712 115 LUS. Quienes	24. Was disease or injury in any way related to occupetion of daceasad? If so, specify (Signed) M. D.
Registrar.	(Addrass) Narch East, ml

STATE OF MARYI AND CERTIFICATE OF DEATH

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
WORLEAU Y. A			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

V. S. No. 1)	ARGIN	ARGIN RESERVED FOR BINDING	ED	FOR BI	NDING	
N. B	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECO	UNFADIN	IG INK-T	HIS	IS A PER	RMANENT	RECC
	mation should be carefully supplied. AGE should be stated EXACTLY. PI	upplied.	AGE should	be	stated E	XACTLY	. PF
(CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact	terms, so	that it may	be .	properly (classified.	Exact
T	TION is very important. See instructions on back of certificate.	e instruction	ons on back	of c	ertificate.		

statement of OCCUPA-

5 TATE OF MARYLAND—	CERTIFICATE OF DEATH
County Ceril	Registration Dist. No. 94
Village or City North Each 8 49	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME US illiam & 115 oth	ds. How long In U.S. if of foreign birth?yrsmosds.
(a) Residence: No. (Usual place of abode)	St., Ward. North Cast RD If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Whate Sa. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBANO OF (Or) WIFE OF Mollie. a. Crouch	1 HEREBY CERTIFY, That I ettended deceased from 1932, to Level 2 1934
6. DATE OF BIRTH (month, day, and yaar) 7. AGE Yaars Months Days If LESS than 1 day,hrs. ormin.	I last saw h aliva on
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and property in this property in this property in this property in this property in the property in this property	Churi Endocerclitis
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Baltimore (Stata or country) mary land	Other Contributery Causes of importanca:
14. BIRTHPLACE (city or town) & lloworth	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was thera an eulopsy?
15. MAIDEN NAME annie a Smart 16. BIRTHPLACE (city or town)	23. If death wes due to externel causes (VIOLENCE) fill in also the following:
S 16. BIRTHPLACE (city or town) 6 n gland	Accident, suicide, or homicide? Date of Injury, 19 Where did injury occur?
17. INFORMANT William & Wood In (Address) Loth East R. B. Md	(Specify city or town, county and State) Specify whather Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Harto M. E Cenetry Date Oct 4 , 1934	Manner of Injury
19. UNDERTAKER Joseph R. Grant Ma	24. Was disease or injury In any way releted to occupation of deceased?
20. FILEO Och 8 , 19 84 Two les Ocuares Registrar.	(Signad) C C Curlfuell M. O. (Addrass) M. O.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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County	Cecil le	Md.		(131)	Registration	n Dist. No.	4
Village or C		9 Sur	U	No.	Nogistration	12	7
Length of resi	dence in city or town where	death occurred		f death occurred in a horpital or in ds. How long in U.	institution, give its NAI S. If of foreign birth?		
(a) Residen	ce: No	(Usual place	of abode)	St.,Ward.	If nonreside	nt give city or town a	nd State
PERSON	AL AND STATIST			MEDICA	L CERTIFICAT		
Ferred Co.	4. COLOR OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEAT	10	30	, 193
5a. If married, widow	ed, or divorced	· www	The state of the s		(Month)	(Day)	(
HUSBAND of (or) WIFE of			0	22. 5-18ERE	BY CERTII	TY. That I attend	ed decea
		ovember	25, 1866	I lest saw here elive or	Col	0 190,	C dea
7. AGE Yea	7 Months	Deys	If LESS than 1 dey,hrs.	to heve occurred on the date The PRINCIPAL CAUSE OF		uses of Importance	
8 Trade profes	sion, or particular	7	ormin.	were as follows:	DEATH end related cal	uses of importance	Date
kind of w	ork done as CDINNED V	our w	ork.	Gist	card	-	
9 Industry or	business in which			* Policin	111		
10. Date decease	done, as SILK MILL, L, BANK, etced last worked et patjon (month and	1502	ime (years)	mente	hal he	flerele	7
year) 12. BIRTHPLACE (cit	933	rudvill	Lo	Other Contributory Causes of	importance;		
(Stete or coun	try) loccil 6	o. Md.	2	-			
当 13. NAME	efter John	up Wood	your				
13. NAME 14. BIRTHPLACE	(city or town) Kore	Laudy	lle	Name of operation		Dete of	
(State of	country) loceil	Leo-ne	d	Whet test confirmed diagnosi	s?	Wes there e	n eu'opsy
15. MAIDEN NAME 16. BIRTHPLACE	ME Olenoja	Mestro	eti.	23. If death wes due to externa			1
0 16. BIRTHPLACE		dlawn	W	Accident, suicide, or homicide	e?	Date of Injury	, 1
≥ (State or	country) Koeee	ceo 41	ld,	Where did injury occur?	(Sandifur di	10	
17. INFORMANT MG (Address) 1	329 W 18th St	Melinen	wid	Specify whether injury occurr	red In INDUSTRY, In H	or town, county and S IOME, or in PUBLIC I	PLACE.
18. BURIAL, CREMAT	11 11 -	Date Hove	cemeley wby 1934	Manner of Injury			
19. UNDERTAKER	E. Tunion			24. Was disease or Injury in			
(Address)	Perings	un Md	7.	If so, specify	O	pation of deceased?	
20. FILED ET 3	1-100	-		(Signed)	enos	Elge	21
	(/ 19 // '			1	1	~	

PHYSICIANS should state

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

ARGIN RESERVED FOR BINDING

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